

Activities of Daily Living (ADL's) and Instrumental Activities of Daily Living (IADL's)

Early Stages of Dementia

Goal

- The person with dementia functions at a maximum level of independence

Key Assessment Issues	Possible Interventions
<u>General</u> <ul style="list-style-type: none"> • Person appears capable; may not be • Is generally able to perform ADL's with minimal cueing • Relies on habitual tasks, routines • May forget certain steps in familiar tasks and be unable to complete them <u>Judgement of Ability</u> <ul style="list-style-type: none"> • Person may deny, cover-up or make general comments to avoid admitting to inability ("I did take a bath", etc.) • May have insight into problem and say, "I can't seem to remember, don't know what is happening to me" <u>Complex Tasks</u> <ul style="list-style-type: none"> • Person experiences difficulty with new tasks, situations or equipment • Has difficulty with more complex IADL's (shopping, managing checkbook, meal preparation, driving) • Has difficulty remembering appointments, i.e., arriving at wrong time, day, place, etc. • May start losing things and think people are stealing things that have only been misplaced 	<u>General</u> <ul style="list-style-type: none"> • Monitor ADL's and provide assistance only as necessary • Encourage person and caregivers to record familiar routines and habits that the person uses, for future reference • Avoid excess disability by providing assistance with verbal or visual cues • Label cupboards, drawers and rooms with words and/or pictures to aid independence • Monitor home safety (see planning area # 7) <u>Judgement of Ability</u> <ul style="list-style-type: none"> • Consider safety of living alone. If person lives alone, establish ways to monitor routines, e.g., neighbors, relatives, routine visitors, service workers such as mail carriers, etc. • Encourage activities that support completion of ADL's i.e., eating meals socially with others, trips to beauty parlor or barbershop, etc. • Educate the individual as to what is happening to him – the diagnosis, it's effects on thought process, progression of symptoms, etc. <u>Complex Tasks</u> <ul style="list-style-type: none"> • Maintain person's routine and avoid new situations if it stresses the person • Monitor (refrigerator for outdated or moldy food, stacks of mail for unpaid bills, etc.) and provide assistance to the person through informal/natural and formal supports • Establish a calendar/reminder system that enhances or is built on systems the person used previously to aid memory • Help person maintain or enhance organizational systems for keeping track of things • Provide emotional support and reassurance for suspicions (avoid correcting or argument – instead empathize and reassure) • Attach mechanical tracking devices to frequently misplaced items; purchase duplicate items for things that are often lost • Place important duplicate items with neighbors, family members (i.e., house or car keys)

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Early Stages of Dementia (continued)

Goal

- The person with dementia functions at a maximum level of independence

Key Assessment Issues	Possible Interventions
<u>Communication</u> <ul style="list-style-type: none"> • Person's communication may begin to be impaired <ul style="list-style-type: none"> – Conversation and answers to questions become more general and non-specific – Difficulty finding words or completing thoughts <u>Navigation</u> <ul style="list-style-type: none"> • Person may get lost in familiar places • Driving can be overwhelming and/or person can be oblivious to danger 	<u>Communication</u> <ul style="list-style-type: none"> • Speak slowly allowing time for person to respond to comments or questions • Repeat what person has said to clarify person's thoughts and words; ask them to restate what you said to check person's understanding • Use more specific words to reiterate what person means and show understanding – do in a questioning way that allows person to clarify if your assumption is off • Use gestures to reinforce the meaning of your communication. • Write down important points for person's future reference <u>Navigation</u> <ul style="list-style-type: none"> • Monitor driving ability by riding as a passenger frequently • Consider a professional driving evaluation if there are safety concerns (better than a licensing road test – people with dementia can often focus long enough over a short period of time to pass road test) • Make sure the person is carrying identification and phone numbers of caregivers/emergency contacts at all times • Consider registering person with "Safe Return Program"* through the local Alzheimer's Association Chapter • Maintain check-in system with the person to be sure they return home from appointments, encourage person to go out accompanied by others <p>*To inquire about or register with the Safe Return Program, and to get counseling or help with strategies for taking and keeping the keys away, contact your local Alzheimer's Association Chapter, or go to www.alz.org.</p>

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Middle Stages of Dementia

Goal

- The person has sufficient resources in place to support and assist in as much self-care as possible

Key Assessment Issues

General

- Person with dementia may appear more capable than he really is – abilities may change from day to day
- May be unable to, or find it difficult to, learn new things; may revert to previous practices from the past
- May have decreased ability to know/plan what to do with their time during the day
- Is unaware of time of day and date - time loses meaning; believes s/he is living during a time in the past and cannot comprehend present

Judgement of Ability

- Person's perception of ability doesn't match reality, loses insight into reality of situations, believes and reports capability of doing more than really can
- Person with dementia may make blanket statements refusing help, and believe she doesn't need help

Complex Tasks

- Person may have difficulty with ADL's such as dressing or undressing, may wear same clothes day after day, forget to bathe, how to bathe or thinks already has bathed
- May be unable to perform IADL tasks
- May only be able to complete one step tasks

Possible Interventions

General

- Identify needs and resources, e.g., medication monitoring, personal care services, meal services, alternate services for handling money, activity programs, companion care, etc.
- Monitor for changes in physical or emotional condition when there is a change in function
- Build on person's interests and strengths, what the person can still do; offer opportunities to use them
- Structure routines and activities around the person's previous life to provide familiarity and a sense of security

Judgement of Ability

- Assure health and safety 24 hours per day. Consider in-home care or alternative residential settings
- Instead of offering overall help - or asking if the person wants help – offer to assist with a specific part of a task at the time that the person is doing it, without calling attention to help being given
- If the person is refusing caregivers, frame caregivers who are coming to offer outside help as friendly visitors, instead of "paid help", it may encounter less resistance – have a trusted person introduce them
- Consider ways person got/accepted help previously, use those avenues to deliver (e.g., clergy, congregation, family, friends, maids, etc.)
- Monitor refrigerator and grocery supplies for out-dated or inappropriate food, discreetly discard

Complex Tasks

- Identify multiple steps in a task and have person complete one step at a time (e.g., tooth brushing, bathing, dressing). Encourage and praise the person's efforts and assist only as necessary
- Incorporate the use of adaptive aids to assist person (see planning area #7)

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Middle Stages of Dementia (continued)

Goal

- The person has sufficient resources in place to support and assist in as much self-care as possible

Key Assessment Issues

Complex Tasks

- Person may experience difficulties with incontinence

Communication

- Person's communication is more impaired:
 - Continued difficulties with early stage communication issues
 - Uses "circumlocution" - talking around a subject forgotten about
 - Repeats words, phrases, questions; does not remember things just said or asked moments earlier – or replies to questions given

Navigation

- May need increased supervision due to higher risk for falls, confusion, safety and wandering issues
- May forget where things are or become overwhelmed by too many choices (e.g., clothing selection)
- Will be unable to drive

Possible Interventions

Complex Tasks

- Have medical reasons for incontinence ruled out (see planning area #3)
- Adjust the environment to support continence (see planning area #7) in addition to general approaches listed here
- Implement a routine schedule for using the bathroom using prompts at regular intervals

Communication

- Communicate thoughtfully:
 - Learn and apply appropriate communication techniques - don't argue, avoid confrontations or trying to logically convince person of something
 - Don't rely solely on what the person with dementia tells you – corroborate each story or event as needed
 - Validate person's feelings, concerns, and experiences - even if they don't match with reality. Correcting only causes upset - the person won't "reorient" to remembering it later
 - Look for and respond to the meaning behind the person's words (e.g., asking about someone may mean person misses them and has a need to reminisce or has a need to connect with something reassuring, familiar, safe, etc.)
 - Don't quiz the person, ask about thoughts and feelings

Navigation

- Monitor home safety (see planning area # 7)
- Consider monitoring devices and environmental strategies if person presents a wandering risk
- Use visual cues (word, picture) on doors, drawers etc.,
- Limit choices to between two items to reduce confusion
- Arrange alternative ways of transportation where person is always accompanied
- Seek professional support for strategies to remove keys (e.g., Alzheimer's Association), consider having the person's physician convey the message to stop driving, provide support for the person to process grief, anger, etc. (Family may need emotional support too, in order to carry out the strategies if the situation is difficult.)

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Late Stages of Dementia

Goal

- The person's functional needs are consistently met

Key Assessment Issues

General

- Person may still be able to participate in ADL's in small ways
- Is still able to benefit from interaction and respond to the environment - even if she appears incapable of interacting
- Initiates little to no activity
- Bowel and bladder incontinence is inevitable

Complex Tasks

- Person requires complete assistance for ADL's due to loss of basic psychomotor skills - such as ability to walk, to feed self, eventually to swallow

Communication

- Ability to speak is limited to a few words, words or sentences may not make sense, crying may occur frequently
- Communicates primarily through sounds and body language
- Has a strong startle reflex similar to an infant's

Possible Interventions

General

- Use palliative and eventually hospice approach to care
- Involve person in care as able. Stimulate remaining "body memory" - e.g., place cup in hand as cue to drink, encourage to hold spoon while being fed and wash cloth while being bathed, etc.
- Implement toileting/changing routine, while monitoring closely for skin breakdown (person may not be able to communicate discomfort/pain if this is occurring)

Complex Tasks

- Establish 24-hour companionship and personal care, e.g., bathing, dressing, feeding, positioning, range of motion, etc.
- Initiate nutritional interventions (see planning area # 5)

Communication

- Communicate in a caring way:
 - Observe person's non-verbal cues to indicate well-being or illness; respond verbally to person's cues stating the message you think the person is sending, and then state your response
 - Match your voice to the person's demeanor - e.g., a soft voice if person is resting/quiet, an animated voice if person is awake and interacting, etc.
 - Explain care out loud as it is given. Use caring touch to reinforce words
 - Employ many sensory stimulation techniques: use touch, texture, humming, singing, music, familiar sounds and smells to reassure person and maintain her connection to the world (see planning area # 4)
 - Talk to the person when outside her field of vision to avoid activating the startle reflex – especially before touching or moving the person from behind

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